for children over the age of sixtee  Name of Child: (Last, First, Middle)	Citizen of What Country:	Now Residing At: (Place and Country)	Immigration Statu
Name of Child: (Last, First, Middle) Child's Alien Registration Number:	Birth Date: (Month, Day, Year)	Birth Place: (Place and Country)	of Child?
<b>Λ</b> #:			
Estimated Total of Assets: \$	Estimated Ave	erage Weekly Earnings: \$	
A#:			
Estimated Total of Assets: \$	Estimated Ave	erage Weekly Earnings: \$	_
A#:			
Estimated Total of Assets: \$	Estimated Ave	erage Weekly Earnings: \$	
) Members of my family, including 1	ny spouse and/or child(ren)	- have  - have not received public or p	rivate relief or assistanc
(e.g., Unemployment Benefits, Wor assistance, please give full detail	elfare, Medicaid, ADC, etc.). Is including identity of person(s	If any member of your immediate family sy receiving relief or assistance, dates for v	has received such reli which relief or assistant
(e.g., Unemployment Benefits, W or assistance, please give full detail	elfare, Medicaid, ADC, etc.). Is including identity of person(seceived during this time:	If any member of your immediate family sy receiving relief or assistance, dates for v	has received such reli which relief or assistant
(e.g., Unemployment Benefits, W or assistance, please give full detai was received, place, and amount	elfare, Medicaid, ADC, etc.). Is including identity of person(s received during this time:	If any member of your immediate family s) receiving relief or assistance, dates for v	has received such relievhich relief or assistant
(e.g., Unemployment Benefits, W or assistance, please give full detai was received, place, and amount  ) Please give the requested inform show street address, city, and standards. (Last, First, Middle)	elfare, Medicaid, ADC, etc.). Is including identity of person(s received during this time:	If any member of your immediate family s) receiving relief or assistance, dates for v	has received such relievhich relief or assistant
(e.g., Unemployment Benefits, Wor assistance, please give full detail was received, place, and amount  Please give the requested informs show street address, city, and statement (Last, First, Middle)  Alien Registration Number:	elfare, Medicaid, ADC, etc.). Is including identity of person(s received during this time:  ation about your parents, broth te, if in the United States; othe  Citizen of What Country:	If any member of your immediate family s) receiving relief or assistance, dates for voters, sisters, aunts, uncles, and grandpare rwise show only country:  Relationship to Me:	has received such relievhich relief or assistance.  Ents. As to residence.
(e.g., Unemployment Benefits, Wor assistance, please give full detail was received, place, and amount  Please give the requested informs show street address, city, and statement (Last, First, Middle)  Alien Registration Number:	elfare, Medicaid, ADC, etc.). Is including identity of person(s received during this time:  ation about your parents, brothete, if in the United States; other  Citizen of What Country: Birth Date: (Month, Day, Year)	If any member of your immediate family s) receiving relief or assistance, dates for voters, sisters, aunts, uncles, and grandpare rwise show only country:  Relationship to Me:	has received such relievhich relief or assistant ents. As to residence.  Immigration Stat
(e.g., Unemployment Benefits, W or assistance, please give full detai was received, place, and amount  Description:  Please give the requested inform	elfare, Medicaid, ADC, etc.). Is including identity of person(s received during this time:  ation about your parents, brothete, if in the United States; other  Citizen of What Country: Birth Date: (Month, Day, Year)	If any member of your immediate family s) receiving relief or assistance, dates for voters, sisters, aunts, uncles, and grandpare rwise show only country:  Relationship to Me:	has received such relievhich relief or assistant ents. As to residence.  Immigration Stat